



## Change of Address and/or Phone Number

Please print or type clearly

If you participate in either of the two below mentioned benefits, please notify them of your address change.

- ICMA 1-800-669-7400
- National Bond & Trust (Savings Bonds)  
1-800-426-9314

<b>Name:</b>		
Employee Number:		
New Address (including Apt #):		
City:	State:	Zip:
New Home Phone: (      )		

Employee Signature

Date signed

**Please send completed form to Human Resources - HR101**  
(Police Personnel please send to Deneen Kelley, District 2)

Human Resources Use Only:		Payroll Use Only:	
<input type="checkbox"/> Medical Plan	<input type="checkbox"/> Dental Plan	<input type="checkbox"/> Address changed in system	
<input type="checkbox"/> Eye Med	<input type="checkbox"/> Alt Med		
<input type="checkbox"/> Voluntary Life	<input type="checkbox"/> Auto		
<input type="checkbox"/> ASRS	<input type="checkbox"/> PSPRS		
<input type="checkbox"/> Payroll	<input type="checkbox"/> Chiropractic		
<input type="checkbox"/> Spending Accounts	SSN: _____		

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ YYPP: \_\_\_\_\_ Initials: \_\_\_\_\_